



# Traffic Crash Report

|                       |   |  |
|-----------------------|---|--|
| Local Report Number * | Crash Severity                          | Hit/Skip   |
| 1 6 0 0 6 3 1 6       | 2<br>1 - Fatal<br>2 - Injury<br>3 - PDO | <input type="checkbox"/> 1 - Solved<br><input type="checkbox"/> 2 - Unsolved |

|  |  |   |                         |                             |               |
|--|--|---|-------------------------|-----------------------------|---------------|
| Local Information  |  | Reporting Agency NCIC *                   | Reporting Agency Name * | Number of Units             | Unit in error |
| <input checked="" type="checkbox"/> Photos Taken<br><input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P<br><input type="checkbox"/> OH-3 <input type="checkbox"/> Other | <input checked="" type="checkbox"/> PDO Under State Reportable Dollar Amount | <input type="checkbox"/> Private Property | 0 0 9 0 1               | Fairfield Police Department | 0 2           |
| County *   | City *   | City, Village, Township *                 | Crash Date *            | Time of Crash               | Day of Week   |
| 0 9  | <input type="checkbox"/> Village *<br><input type="checkbox"/> Township *    | Fairfield                                 | 0 1 2 5 2 0 1 6         | 1 6 0 8                     | M O N         |

|                                  |  |
|----------------------------------|--|
| Degrees / Minutes / Seconds      | Decimal Degrees  |
| Latitude: 0 / " Longitude: 0 / " | Latitude: 3 9 . 3 3 3 2 6 9 Longitude: 8 4 . 4 9 1 9 4 4 |

|   |  |                      |  |
|---|--|----------------------|--|
| Roadway Division  | Divided Lane Direction of Travel   | Number of Thru Lanes | Road Types or Milepost <sup>2</sup>  |
| <input type="checkbox"/> Divided<br><input checked="" type="checkbox"/> Undivided | <input type="checkbox"/> N - Northbound E - Eastbound<br><input type="checkbox"/> S - Southbound W - Westbound | 0 2                  | AL - Alley CR - Circle HE - Heights MP - Milepost PL - Place ST - Street WA - Way<br>AV - Avenue CT - Court HW - Highway PK - Parkway RD - Road TE - Terrace<br>BL - Boulevard DR - Drive LA - Lane PI - Pike SQ - Square TL - Trail |

|                                  |   |                                   |                        |                                 |  |
|----------------------------------|---|-----------------------------------|------------------------|---------------------------------|--|
| Location Route Type <sup>1</sup> | Location Route Number   | Loc Prefix                        | Location Road Name     | Location Road Type <sup>2</sup> | Route Types <sup>1</sup>   |
|                                  |   | N, S, E, W                        | Port Union             | R D                             | IR - Interstate Route (inc. turnpike) CR - Numbered County Route<br>US - US Route TR - Numbered Township Route<br>SR - State Route |
| Distance From Reference          | Dir From Ref  | Reference Route Type <sup>1</sup> | Reference Route Number | Ref Prefix                      | Reference Name (Road, Milepost, House #)   |
| 15                               | <input type="checkbox"/> Miles<br><input type="checkbox"/> Feet<br><input type="checkbox"/> Yards | E N, S, E, W                      |                        | N, S, E, W                      | Seward   |

|  |   |  |   |
|--|---|--|---|
| Reference Point Used   | Crash Location  | Intersection Related                                     | Location of First Harmful Event   |
| <input type="checkbox"/> 1 - Intersection<br><input type="checkbox"/> 2 - Mile Post<br><input type="checkbox"/> 3 - House Number | <input type="checkbox"/> 0 <input type="checkbox"/> 2<br>01 - Not an intersection<br>02 - Four-way Intersection<br>03 - T-Intersection<br>04 - Y-Intersection<br>05 - Traffic Circle/Roundabout | <input checked="" type="checkbox"/> Intersection Related | <input type="checkbox"/> 1<br>1 - On Roadway<br>2 - On Shoulder<br>3 - In Median<br>4 - On Roadside<br>5 - On Gore<br>6 - Outside Trafficway<br>9 - Unknown |

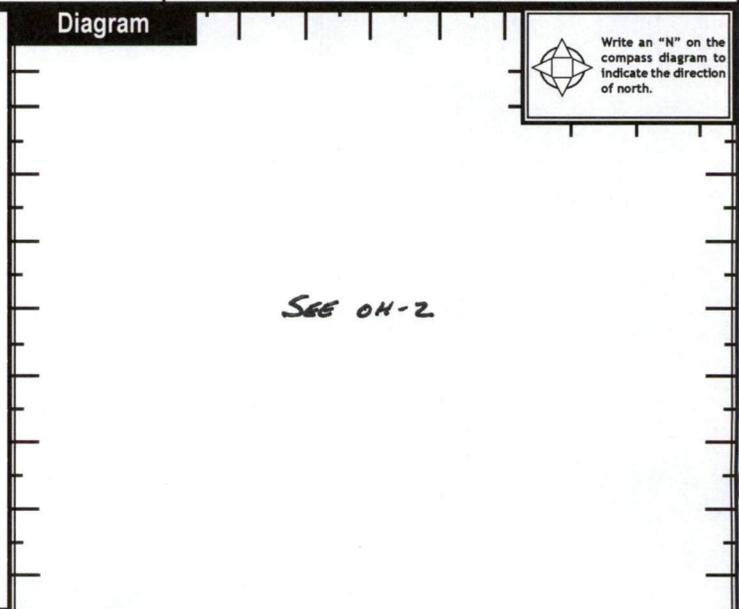
|  |   |  |
|--|---|--|
| Road Contour   | Road Conditions   | Weather  |
| <input type="checkbox"/> 1 - Straight Level<br><input type="checkbox"/> 2 - Straight Grade<br><input type="checkbox"/> 3 - Curve Level<br><input type="checkbox"/> 4 - Curve Grade<br><input type="checkbox"/> 9 - Unknown | <input type="checkbox"/> Primary<br><input type="checkbox"/> Secondary<br>0 1 | <input type="checkbox"/> 2<br>1 - Clear<br>2 - Cloudy<br>3 - Fog, Smog, Smoke<br>4 - Rain<br>5 - Sleet, Hail<br>6 - Snow<br>7 - Severe Crosswinds<br>8 - Blowing Sand, Soil, Dirt, Snow<br>9 - Other/Unknown |

|   |                            |
|---|----------------------------|
| Manner of Crash Collision/Impact  | Weather                    |
| <input type="checkbox"/> 2<br>1 - Not Collision Between Two Motor Vehicles In Transport<br>2 - Rear-End<br>3 - Head-On<br>4 - Rear-to-Rear<br>5 - Backing<br>6 - Angle<br>7 - Sideswipe, Same Direction<br>8 - Sideswipe, Opposite Direction<br>9 - Unknown | <input type="checkbox"/> 2 |

|  |  |  |
|--|--|--|
| Road Surface   | Light Conditions   | School Bus Related   |
| <input type="checkbox"/> 1<br>1 - Concrete<br>2 - Blacktop, Bituminous, Asphalt<br>3 - Brick/Block<br>4 - Slag, Gravel, Stone<br>5 - Dirt<br>6 - Other | <input type="checkbox"/> Primary<br><input type="checkbox"/> Secondary<br>1 - Daylight<br>2 - Dawn<br>3 - Dusk<br>4 - Dark - Lighted Roadway<br>5 - Dark - Roadway Not Lighted<br>6 - Dark - Unknown Roadway Lighting<br>7 - Glare*<br>8 - Other | <input type="checkbox"/> School Zone Related<br><input type="checkbox"/> Yes, School Bus Directly Involved<br><input type="checkbox"/> Yes, School Bus Indirectly Involved |

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|--|---|---|--|
| Work Zone Related                          | Workers Present   | Type of Work Zone   | Location of Crash in Work Zone   |
| <input type="checkbox"/> Work Zone Related | <input type="checkbox"/> Law Enforcement Present (Officer/Vehicle)<br><input type="checkbox"/> Law Enforcement Present (Vehicle Only) | <input type="checkbox"/> 1 - Lane Closure<br>2 - Lane Shift/Crossover<br>3 - Work on Shoulder or Median<br>4 - Intermittent or Moving Work<br>5 - Other | <input type="checkbox"/> 1 - Before the First Work Zone Warning Sign<br>2 - Advance Warning Area<br>3 - Transition Area<br>4 - Activity Area<br>5 - Termination Area |

**Narrative**  
On 01-25-16 at approximately 4:08 PM Unit 1 and Unit 2 were stopped in traffic, Westbound on Port Union Rd. Traffic began to move and Unit 1 let off the brake, moving forward and striking the back end of Unit 2. There was very minor damage to both vehicles.



|  |  |                     |                     |               |              |              |                          |               |
|--|--|---------------------|---------------------|---------------|--------------|--------------|--------------------------|---------------|
| Report Taken By  | Supplement (Correction or Addition to an Existing Report Sent to ODPs) | Date Crash Reported | Time Crash Reported | Dispatch Time | Arrival Time | Time Cleared | Other Investigation Time | Total Minutes |
| <input checked="" type="checkbox"/> Police Agency<br><input type="checkbox"/> Motorist | <input type="checkbox"/>   | 0 1 2 5 2 0 1 6     | 1 6 0 5             | 1 6 0 7       | 1 6 1 1      | 1 6 4 0      | 1 0                      | 3 9           |
| Officer's Name *   | Officer's Badge Number   | Checked By          | Page 1 of 5         |               |              |              |                          |               |
| P. O. M. Woodall   | 118  | P.O. RJA            |                     |               |              |              |                          |               |



# Unit

Local Report Number

1 6 0 0 6 3 1 6

|  |   |   |                                  |                  |
|--|---|---|----------------------------------|------------------|
| Unit Number<br><b>01</b>   | Owner Name: Last, First, Middle ( <input checked="" type="checkbox"/> Same As Driver )<br><b>Bowling, Sharon K.</b> | Owner Phone Number - inc. area code ( <input checked="" type="checkbox"/> Same As Driver )<br><b>(513) 368-4515</b> | Damage Scale<br><b>2</b>         | Damaged Area<br> |
| Owner-Address: City, State, Zip ( <input checked="" type="checkbox"/> Same As Driver )<br><b>3762 Kirchling Rd. Hamilton, Ohio 45013</b> |   |   |                                  |                  |
| LP State<br><b>OH</b>  | License Plate Number<br><b>FHS9775</b>  | Vehicle Identification Number<br><b>1FMHK7D86BGA35265</b>   | # Occupants<br><b>01</b>         |                  |
| Vehicle Year<br><b>2011</b>  | Vehicle Make<br><b>Ford</b>   | Vehicle Model<br><b>Explorer</b>  | Vehicle Color<br><b>Red</b>      |                  |
| <input checked="" type="checkbox"/> Proof of Insurance Shown   | Insurance Company<br><b>Allstate</b>  | Policy Number<br><b>992176629</b>   | Towed By                         |                  |
| Carrier Name, Address, City, State, Zip  |   |   | Carrier Phone- include area code |                  |

|                   |  |  |   |   |   |
|-------------------|--|--|---|---|---|
| US DOT            | Vehicle Weight GVWR/GCWR<br>1 - Less Than or Equal to 10k Lbs.<br>2 - 10,001 to 26,000 Lbs.<br>3 - More Than 26,000 Lbs. | Cargo Body Type<br><b>01</b>             | 01 - No Cargo Body Type/Not Applicable<br>02 - Bus/Van (9-15 Seats, Inc Driver)<br>03 - Bus (16+ Seats, Inc Driver)<br>04 - Vehicle Towing Another Vehicle<br>05 - Logging<br>06 - Intermodal Container Chassis<br>07 - Cargo Van/Enclosed Box<br>08 - Grain, Chips, Gravel | 09 - Pole<br>10 - Cargo Tank<br>11 - Flat Bed<br>12 - Dump<br>13 - Concrete Mixer<br>14 - Auto Transporter<br>15 - Garbage/Refuse<br>99 - Other/Unknown | Trafficway Description<br><b>1</b><br>1 - Two-Way, Not Divided<br>2 - Two-Way, Not Divided, Continuous Left Turn Lane<br>3 - Two-Way, Divided, Unprotected (Painted or Grass > 4 Ft.) Median<br>4 - Two-Way, Divided, Positive Median Barrier<br>5 - One-Way Trafficway |
| HM Placard ID No. | <input type="checkbox"/> Hazardous Material Released   | <input type="checkbox"/> Hit / Skip Unit |   |   |   |

|  |   |  |   |   |   |
|--|---|--|---|---|---|
| Non-Motorist Location Prior to Impact<br><b>01</b> | Type of Use<br><b>1</b><br>1 - Personal<br>2 - Commercial<br>3 - Government | Unit Type<br><b>06</b><br>99 - Unknown or Hit / Skip | Passenger Vehicles (less than 9 passengers)<br>01 - Sub-Compact<br>02 - Compact<br>03 - Mid Size<br>04 - Full Size<br>05 - Minivan<br>06 - Sport Utility Vehicle<br>07 - Pickup<br>08 - Van<br>09 - Motorcycle<br>10 - Motorized Bicycle<br>11 - Snowmobile/ATV<br>12 - Other Passenger Vehicle | Med/Heavy Trucks or Combo Units > 10k lbs<br>13 - Single Unit Truck or Van 2axle, 6 tires<br>14 - Single Unit Truck; 3+ axles<br>15 - Single Unit Truck / Trailer<br>16 - Truck/Tractor (Bobtail)<br>17 - Tractor/Semi-Trailer<br>18 - Tractor/Double<br>19 - Tractor/Triples<br>20 - Other Med/Heavy Vehicle | Bus/Van/Limo (9 or More Including Driver)<br>21 - Bus/Van (9-15 Seats, Inc Driver)<br>22 - Bus (16+ Seats, Inc Driver)<br><b>Non-Motorist</b><br>23 - Animal with Rider<br>24 - Animal with Buggy, Wagon, Surrey<br>25 - Bicycle/Pedacyclist<br>26 - Pedestrian/Skater<br>27 - Other Non-Motorist |
| <input type="checkbox"/> In Emergency Response     |   |  | <input type="checkbox"/> Has HM Placard   |   |   |

|                               |   |   |   |                                |  |  |              |  |
|-------------------------------|---|---|---|--------------------------------|--|--|--------------|--|
| Special Function<br><b>01</b> | 01 - None<br>02 - Taxi<br>03 - Rental Truck (Over 10k Lbs)<br>04 - Bus - School (Public or Private)<br>05 - Bus - Transit<br>06 - Bus - Charter<br>07 - Bus - Shuttle<br>08 - Bus - Other | 09 - Ambulance<br>10 - Fire<br>11 - Highway/Maintenance<br>12 - Military<br>13 - Police<br>14 - Public Utility<br>15 - Other Government<br>16 - Construction Equip. | 17 - Farm Vehicle<br>18 - Farm Equipment<br>19 - Motorhome<br>20 - Golf Cart<br>21 - Train<br>22 - Other (Explain in Narrative) | Most Damaged Area<br><b>02</b> | 01 - None<br>02 - Center Front<br>03 - Right Front<br>04 - Right Side<br>05 - Right Rear<br>06 - Rear Center<br>07 - Left Rear | 08 - Left Side<br>09 - Left Front<br>10 - Top and Windows<br>11 - Undercarriage<br>12 - Load/Trailer<br>13 - Total (All Areas)<br>14 - Other | 99 - Unknown | Action<br><b>3</b><br>1 - Non-Contact<br>2 - Non-Collision<br>3 - Striking<br>4 - Struck<br>5 - Striking/Struck<br>9 - Unknown |
|-------------------------------|---|---|---|--------------------------------|--|--|--------------|--|

|                                |  |   |  |  |                                |
|--------------------------------|--|---|--|--|--------------------------------|
| Pre-Crash Actions<br><b>01</b> | Motorist<br>01 - Straight Ahead<br>02 - Backing<br>03 - Changing Lanes<br>04 - Overtaking/Passing<br>05 - Making Right Turn<br>06 - Making Left Turn | 07 - Making U-Turn<br>08 - Entering Traffic Lane<br>09 - Leaving Traffic Lane<br>10 - Parked<br>11 - Slowing or Stopped in Traffic<br>12 - Driverless | 13 - Negotiating a Curve<br>14 - Other Motorist Action | Non-Motorist<br>15 - Entering or Crossing Specified Location<br>16 - Walking, Running, Jogging, Playing, Cycling<br>17 - Working<br>18 - Pushing Vehicle<br>19 - Approaching or Leaving Vehicle<br>20 - Standing | 21 - Other Non-Motorist Action |
|--------------------------------|--|---|--|--|--------------------------------|

|   |  |  |   |   |
|---|--|--|---|---|
| Contributing Circumstances<br><b>09</b> | Motorist<br>01 - None<br>02 - Failure to Yield<br>03 - Ran Red Light<br>04 - Ran Stop Sign<br>05 - Exceeded Speed Limit<br>06 - Unsafe Speed<br>07 - Improper Turn<br>08 - Left of Center<br>09 - Followed Too Closely/ACDA<br>10 - Improper Lane Change /Passing/Off Road | 11 - Improper Backing<br>12 - Improper Start From Parked Position<br>13 - Stopped or Parked Illegally<br>14 - Operating Vehicle in Negligent Manner<br>15 - Swerving to Avoid (Due to External Conditions)<br>16 - Wrong Side/Wrong Way<br>17 - Failure to Control<br>18 - Vision Obstruction<br>19 - Operating Defective Equipment<br>20 - Load Shifting/Falling/Spilling<br>21 - Other Improper Action | Non-Motorist<br>22 - None<br>23 - Improper Crossing<br>24 - Darting<br>25 - Lying and/or Illegally in Roadway<br>26 - Failure to Yield Right of Way<br>27 - Not Visible (Dark Clothing)<br>28 - Inattentive<br>29 - Failure to Obey Traffic Signs /Signals/Officer<br>30 - Wrong Side of the Road<br>31 - Other Non-Motorist Action | Vehicle Defects<br><b>01</b><br>01 - Turn Signals<br>02 - Head Lamps<br>03 - Tail Lamps<br>04 - Brakes<br>05 - Steering<br>06 - Tire Blowout<br>07 - Worn or Slick tires<br>08 - Trailer Equipment Defective<br>09 - Motor Trouble<br>10 - Disabled From Prior Accident<br>11 - Other Defects |
|---|--|--|---|---|

|   |   |  |  |
|---|---|--|--|
| Sequence of Events<br><b>1</b> <b>20</b> <b>3</b> <b>4</b> <b>5</b> <b>6</b>  | Non-Collision Events<br>01 - Overturn/Rollover<br>02 - Fire/Explosion<br>03 - Immersion<br>04 - Jackknife<br>05 - Cargo/Equipment Loss or Shift                                       | 06 - Equipment Failure (Blown Tire, Brake Failure, etc)<br>07 - Separation of Units<br>08 - Ran Off Road Right<br>09 - Ran Off Road Left   | 10 - Cross Median<br>11 - Cross Center Line Opposite Direction of Travel<br>12 - Downhill Runaway<br>13 - Other Non-Collision  |
| Collision with Person, Vehicle or Object Not Fixed<br>14 - Pedestrian<br>15 - Pedacycle<br>16 - Railway Vehicle (Train, Engine)<br>17 - Animal - Farm<br>18 - Animal - Deer<br>19 - Animal - Other<br>20 - Motor Vehicle in Transport | 21 - Parked Motor Vehicle<br>22 - Work Zone Maintenance Equipment<br>23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle<br>24 - Other Movable Object | Collision With Fixed Object<br>25 - Impact Attenuator/Crash Cushion<br>26 - Bridge Overhead Structure<br>27 - Bridge Pier or Abutment<br>28 - Bridge Parapet<br>29 - Bridge Rail<br>30 - Guardrail Face<br>31 - Guardrail End<br>32 - Portable Barrier | 33 - Median Cable Barrier<br>34 - Median Guardrail Barrier<br>35 - Median Concrete Barrier<br>36 - Median Other Barrier<br>37 - Traffic Sign Post<br>38 - Overhead Sign Post<br>39 - Light/Luminaries Support<br>40 - Utility Pole |
| 41 - Other Post, Pole or Support<br>42 - Culvert<br>43 - Curb<br>44 - Ditch<br>45 - Embankment<br>46 - Fence<br>47 - Mailbox  | 48 - Tree<br>49 - Fire Hydrant<br>50 - Work Zone Maintenance Equipment<br>51 - Wall, Building, Tunnel<br>52 - Other Fixed Object  |  |  |

|                         |                           |   |  |   |   |   |
|-------------------------|---------------------------|---|--|---|---|---|
| Unit Speed<br><b>10</b> | Posted Speed<br><b>35</b> | Traffic Control<br><b>04</b><br>01 - No Controls<br>02 - Stop Sign<br>03 - Yield Sign<br>04 - Traffic Signal<br>05 - Traffic Flashers<br>06 - School Zone | 07 - Railroad Crossbucks<br>08 - Railroad Flashers<br>09 - Railroad Gates<br>10 - Construction Barricade<br>11 - Person (Flagger, Officer)<br>12 - Pavement Markings | 13 - Crosswalk Lines<br>14 - Walk/Don't Walk<br>15 - Other<br>16 - Not Reported | Unit Direction<br>From <b>3</b> To <b>4</b><br>1 - North<br>2 - South<br>3 - East<br>4 - West | 5 - Northeast<br>6 - Northwest<br>7 - Southeast<br>8 - Southwest<br>9 - Unknown |
|-------------------------|---------------------------|---|--|---|---|---|



# Unit

Local Report Number

16006316

|                          |   |   |                          |                  |
|--------------------------|---|---|--------------------------|------------------|
| Unit Number<br><b>02</b> | Owner Name: Last, First, Middle ( <input checked="" type="checkbox"/> Same As Driver )<br><b>Abimbola, Tokunbo O.</b> | Owner Phone Number - inc. area code ( <input checked="" type="checkbox"/> Same As Driver )<br><b>(513) 293-9726</b> | Damage Scale<br><b>2</b> | Damaged Area<br> |
|--------------------------|---|---|--------------------------|------------------|

Owner-Address: City, State, Zip (  Same As Driver )  
**5497 Creekside Meadows Ct. Liberty Twp., Ohio 45011**

|                       |  |   |                          |
|-----------------------|--|---|--------------------------|
| LP State<br><b>OH</b> | License Plate Number<br><b>EMW5498</b> | Vehicle Identification Number<br><b>5FNRL38918B112855</b> | # Occupants<br><b>01</b> |
|-----------------------|--|---|--------------------------|

|                             |                              |                                 |                                |
|-----------------------------|------------------------------|---------------------------------|--------------------------------|
| Vehicle Year<br><b>2008</b> | Vehicle Make<br><b>Honda</b> | Vehicle Model<br><b>Odyssey</b> | Vehicle Color<br><b>Silver</b> |
|-----------------------------|------------------------------|---------------------------------|--------------------------------|

|   |                                   |                                    |                        |
|---|-----------------------------------|------------------------------------|------------------------|
| Proof of Insurance Shown<br><input checked="" type="checkbox"/> | Insurance Company<br><b>Geico</b> | Policy Number<br><b>4348647471</b> | Towed By<br><b>Fox</b> |
|---|-----------------------------------|------------------------------------|------------------------|

Carrier Name, Address, City, State, Zip  
Carrier Phone- include area code

|                     |   |   |   |  |
|---------------------|---|---|---|--|
| US DOT<br><b>01</b> | Vehicle Weight GVWR/GCWR<br><input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs.<br><input type="checkbox"/> 2 - 10,001 to 26,000 Lbs.<br><input type="checkbox"/> 3 - More Than 26,000 Lbs. | Cargo Body Type<br><b>01</b><br>01 - No Cargo Body Type/Not Applicable<br>02 - Bus/Van (9-15 Seats, Inc Driver)<br>03 - Bus (16+ Seats, Inc Driver)<br>04 - Vehicle Towing Another Vehicle<br>05 - Logging<br>06 - Intermodal Container Chassis<br>07 - Cargo Van/Enclosed Box<br>08 - Grain, Chips, Gravel | 09 - Pole<br>10 - Cargo Tank<br>11 - Flat Bed<br>12 - Dump<br>13 - Concrete Mixer<br>14 - Auto Transporter<br>15 - Garbage/Refuse<br>99 - Other/Unknown | Trafficway Description<br><b>1</b><br>1 - Two-Way, Not Divided<br>2 - Two-Way, Not Divided, Continuous Left Turn Lane<br>3 - Two-Way, Divided, Unprotected (Painted or Grass >4 Ft.) Median<br>4 - Two-Way, Divided, Positive Median Barrier<br>5 - One-Way Trafficway |
|---------------------|---|---|---|--|

|                                |                              |   |   |   |  |   |   |   |
|--------------------------------|------------------------------|---|---|---|--|---|---|---|
| HM Placard ID No.<br><b>01</b> | HM Class Number<br><b>01</b> | Hazardous Material Released<br><input type="checkbox"/> | Non-Motorist Location Prior to Impact<br><input type="checkbox"/> | Type of Use<br><b>1</b><br>1 - Personal<br>2 - Commercial<br>3 - Government<br><input type="checkbox"/> In Emergency Response | Unit Type<br><b>05</b><br>99 - Unknown or Hit / Skip | Passenger Vehicles (less than 9 passengers)<br>01 - Sub-Compact<br>02 - Compact<br>03 - Mid Size<br>04 - Full Size<br>05 - Minivan<br>06 - Sport Utility Vehicle<br>07 - Pickup<br>08 - Van<br>09 - Motorcycle<br>10 - Motorized Bicycle<br>11 - Snowmobile/ATV<br>12 - Other Passenger Vehicle | Med/Heavy Trucks or Combo Units > 10k lbs<br>13 - Single Unit Truck or Van 2axle, 6 tires<br>14 - Single Unit Truck; 3+ axles<br>15 - Single Unit Truck / Trailer<br>16 - Truck/Tractor (Bobtail)<br>17 - Tractor/Semi-Trailer<br>18 - Tractor/Double<br>19 - Tractor/Triples<br>20 - Other Med/Heavy Vehicle | Bus/Van/Limo (9 or More Including Driver)<br>21 - Bus/Van (9-15 Seats, Inc Driver)<br>22 - Bus (16+ Seats, Inc Driver)<br><b>Non-Motorist</b><br>23 - Animal with Rider<br>24 - Animal with Buggy, Wagon, Surrey<br>25 - Bicycle/Pedacyclist<br>26 - Pedestrian/Skater<br>27 - Other Non-Motorist |
|--------------------------------|------------------------------|---|---|---|--|---|---|---|

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| Special Function<br><b>01</b><br>01 - None<br>02 - Taxi<br>03 - Rental Truck (Over 10k Lbs)<br>04 - Bus - School (Public or Private)<br>05 - Bus - Transit<br>06 - Bus - Charter<br>07 - Bus - Shuttle<br>08 - Bus - Other | 09 - Ambulance<br>10 - Fire<br>11 - Highway/Maintenance<br>12 - Military<br>13 - Police<br>14 - Public Utility<br>15 - Other Government<br>16 - Construction Equip. | 17 - Farm Vehicle<br>18 - Farm Equipment<br>19 - Motorhome<br>20 - Golf Cart<br>21 - Train<br>22 - Other (Explain in Narrative) | Most Damaged Area<br><b>06</b><br>01 - None<br>02 - Center Front<br>03 - Right Front<br>04 - Right Side<br>05 - Right Rear<br>06 - Rear Center<br>07 - Left Rear | 08 - Left Side<br>09 - Left Front<br>10 - Top and Windows<br>11 - Undercarriage<br>12 - Load/Trailer<br>13 - Total(All Areas)<br>14 - Other | Action<br><b>4</b><br>1 - Non-Contact<br>2 - Non-Collision<br>3 - Striking<br>4 - Struck<br>5 - Striking/Struck<br>9 - Unknown |
|--|---|---|--|---|--|

|  |  |   |  |  |                                |
|--|--|---|--|--|--------------------------------|
| Pre-Crash Actions<br><b>11</b><br>99 - Unknown | Motorist<br>01 - Straight Ahead<br>02 - Backing<br>03 - Changing Lanes<br>04 - Overtaking/Passing<br>05 - Making Right Turn<br>06 - Making Left Turn | 07 - Making U-Turn<br>08 - Entering Traffic Lane<br>09 - Leaving Traffic Lane<br>10 - Parked<br>11 - Slowing or Stopped in Traffic<br>12 - Driverless | 13 - Negotiating a Curve<br>14 - Other Motorist Action | Non-Motorist<br>15 - Entering or Crossing Specified Location<br>16 - Walking, Running, Jogging, Playing, Cycling<br>17 - Working<br>18 - Pushing Vehicle<br>19 - Approaching or Leaving Vehicle<br>20 - Standing | 21 - Other Non-Motorist Action |
|--|--|---|--|--|--------------------------------|

|   |  |  |   |  |
|---|--|--|---|--|
| Contributing Circumstances<br><b>01</b><br>99 - Unknown | Motorist<br>01 - None<br>02 - Failure to Yield<br>03 - Ran Red Light<br>04 - Ran Stop Sign<br>05 - Exceeded Speed Limit<br>06 - Unsafe Speed<br>07 - Improper Turn<br>08 - Left of Center<br>09 - Followed Too Closely/ACDA<br>10 - Improper Lane Change /Passing/Off Road | 11 - Improper Backing<br>12 - Improper Start From Parked Position<br>13 - Stopped or Parked Illegally<br>14 - Operating Vehicle in Negligent Manner<br>15 - Swerving to Avoid (Due to External Conditions)<br>16 - Wrong Side/Wrong Way<br>17 - Failure to Control<br>18 - Vision Obstruction<br>19 - Operating Defective Equipment<br>20 - Load Shifting/Falling/Spilling<br>21 - Other Improper Action | Non-Motorist<br>22 - None<br>23 - Improper Crossing<br>24 - Darting<br>25 - Lying and/or Illegally in Roadway<br>26 - Failure to Yield Right of Way<br>27 - Not Visible (Dark Clothing)<br>28 - Inattentive<br>29 - Failure to Obey Traffic Signs /Signals/Officer<br>30 - Wrong Side of the Road<br>31 - Other Non-Motorist Action | Vehicle Defects<br><input type="checkbox"/><br>01 - Turn Signals<br>02 - Head Lamps<br>03 - Tail Lamps<br>04 - Brakes<br>05 - Steering<br>06 - Tire Blowout<br>07 - Worn or Slick tires<br>08 - Trailer Equipment Defective<br>09 - Motor Trouble<br>10 - Disabled From Prior Accident<br>11 - Other Defects |
|---|--|--|---|--|

|  |  |
|--|--|
| Sequence of Events<br>1 <b>20</b> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/><br>First Harmful Event <b>1</b> Most Harmful Event <b>1</b><br>99 - Unknown | Non-Collision Events<br>01 - Overturn/Rollover<br>02 - Fire/Explosion<br>03 - Immersion<br>04 - Jackknife<br>05 - Cargo/Equipment Loss or Shift<br>06 - Equipment Failure (Blown Tire, Brake Failure, etc)<br>07 - Separation of Units<br>08 - Ran Off Road Right<br>09 - Ran Off Road Left<br>10 - Cross Median<br>11 - Cross Center Line Opposite Direction of Travel<br>12 - Downhill Runaway<br>13 - Other Non-Collision |
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|--|---|--|--|--|--|
| Collision with Person, Vehicle or Object Not Fixed<br>14 - Pedestrian<br>15 - Pedalcycle<br>16 - Railway Vehicle (Train, Engine)<br>17 - Animal - Farm<br>18 - Animal - Deer<br>19 - Animal - Other<br>20 - Motor Vehicle in Transport | 21 - Parked Motor Vehicle<br>22 - Work Zone Maintenance Equipment<br>23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle<br>24 - Other Movable Object | Collision With Fixed Object<br>25 - Impact Attenuator/Crash Cushion<br>26 - Bridge Overhead Structure<br>27 - Bridge Pier or Abutment<br>28 - Bridge Parapet<br>29 - Bridge Rail<br>30 - Guardrail Face<br>31 - Guardrail End<br>32 - Portable Barrier | 33 - Median Cable Barrier<br>34 - Median Guardrail Barrier<br>35 - Median Concrete Barrier<br>36 - Median Other Barrier<br>37 - Traffic Sign Post<br>38 - Overhead Sign Post<br>39 - Light/Luminaries Support<br>40 - Utility Pole | 41 - Other Post, Pole or Support<br>42 - Culvert<br>43 - Curb<br>44 - Ditch<br>45 - Embankment<br>46 - Fence<br>47 - Mailbox | 48 - Tree<br>49 - Fire Hydrant<br>50 - Work Zone Maintenance Equipment<br>51 - Wall, Building, Tunnel<br>52 - Other Fixed Object |
|--|---|--|--|--|--|

|  |                           |   |  |   |   |   |
|--|---------------------------|---|--|---|---|---|
| Unit Speed<br><b>0</b><br><input checked="" type="checkbox"/> Stated<br><input type="checkbox"/> Estimated | Posted Speed<br><b>35</b> | Traffic Control<br><b>04</b><br>01 - No Controls<br>02 - Stop Sign<br>03 - Yield Sign<br>04 - Traffic Signal<br>05 - Traffic Flashers<br>06 - School Zone | 07 - Railroad Crossbucks<br>08 - Railroad Flashers<br>09 - Railroad Gates<br>10 - Construction Barricade<br>11 - Person (Flagger, Officer)<br>12 - Pavement Markings | 13 - Crosswalk Lines<br>14 - Walk/Don't Walk<br>15 - Other<br>16 - Not Reported | Unit Direction<br>From <b>3</b> To <b>4</b><br>1 - North<br>2 - South<br>3 - East<br>4 - West | 5 - Northeast<br>6 - Northwest<br>7 - Southeast<br>8 - Southwest<br>9 - Unknown |
|--|---------------------------|---|--|---|---|---|



# Motorist / Non-Motorist / Occupant

Local Report Number  
1 6 0 0 6 3 1 6

Motorist/Non-Motorist

|                   |   |                           |           |                                       |
|-------------------|---|---------------------------|-----------|---------------------------------------|
| Unit Number<br>01 | Name: Last, First, Middle<br>Bowling, Sharon K. | Date of Birth<br>02101967 | Age<br>49 | Gender<br>F<br>F - Female<br>M - Male |
|-------------------|---|---------------------------|-----------|---------------------------------------|

|  |  |
|--|--|
| Address, City, State, Zip<br>3762 Kirchling Rd. Hamilton, Ohio 45013 | Contact Phone- include area code<br>(513) 368-4515 |
|--|--|

|  |                                     |                           |  |                                      |                                 |                             |                          |                        |                    |                       |                     |
|--|-------------------------------------|---------------------------|--|--------------------------------------|---------------------------------|-----------------------------|--------------------------|------------------------|--------------------|-----------------------|---------------------|
| Injuries<br>1                              | Injured Taken By                    | EMS Agency                | Medical Facility Injured Taken To                  | Safety Equipment Used<br>04          | DOT Compliant Motorcycle Helmet | Seating Position<br>01      | Air Bag Usage<br>1       | Ejection<br>1          | Trapped<br>1       |                       |                     |
| OL State<br>OH                             | Operator License Number<br>RG508430 | OL Class<br>4             | No Valid OL<br><input type="checkbox"/>            | M/C End.<br><input type="checkbox"/> | Condition<br>1                  | Alcohol/Drug Suspected<br>1 | Alcohol Test Status<br>1 | Alcohol Test Type<br>1 | Alcohol Test Value | Drug Test Status<br>1 | Drug Test Type<br>1 |
| Offense Charged (Local Code)<br>333.03 (A) | Offense Description<br>ACDA         | Citation Number<br>228811 | Hands-Free Device Used<br><input type="checkbox"/> | Driver Distracted By<br>1            |                                 |                             |                          |                        |                    |                       |                     |

Motorist/Non-Motorist

|                   |   |                           |           |                                       |
|-------------------|---|---------------------------|-----------|---------------------------------------|
| Unit Number<br>02 | Name: Last, First, Middle<br>Abimbola, Tokunbo O. | Date of Birth<br>01061970 | Age<br>46 | Gender<br>F<br>F - Female<br>M - Male |
|-------------------|---|---------------------------|-----------|---------------------------------------|

|  |  |
|--|--|
| Address, City, State, Zip<br>5497 Creekside Meadows Dr. Liberty Twp., Ohio 45011 | Contact Phone- include area code<br>(513) 293-9726 |
|--|--|

|   |   |                           |  |                                      |                                 |                             |                          |                        |                    |                       |                     |
|---|---|---------------------------|--|--------------------------------------|---------------------------------|-----------------------------|--------------------------|------------------------|--------------------|-----------------------|---------------------|
| Injuries<br>2                               | Injured Taken By<br>2                           | EMS Agency<br>COFFD       | Medical Facility Injured Taken To<br>Mercy Fairfield | Safety Equipment Used<br>04          | DOT Compliant Motorcycle Helmet | Seating Position<br>01      | Air Bag Usage<br>1       | Ejection<br>1          | Trapped<br>1       |                       |                     |
| OL State<br>OH                              | Operator License Number<br>SP295767             | OL Class<br>4             | No Valid OL<br><input type="checkbox"/>              | M/C End.<br><input type="checkbox"/> | Condition<br>1                  | Alcohol/Drug Suspected<br>1 | Alcohol Test Status<br>1 | Alcohol Test Type<br>1 | Alcohol Test Value | Drug Test Status<br>1 | Drug Test Type<br>1 |
| Offense Charged (Local Code)<br>335.01 (A1) | Offense Description<br>Expired Driver's License | Citation Number<br>228812 | Hands-Free Device Used<br><input type="checkbox"/>   | Driver Distracted By<br>1            |                                 |                             |                          |                        |                    |                       |                     |

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|---|--|--|
| <b>Injuries</b><br>1 - No Injury / None Reported<br>2 - Possible<br>3 - Non-Incapacitating<br>4 - Incapacitating<br>5 - Fatal | <b>Injured Taken By</b><br>1 - Not Transported / Treated at Scene<br>2 - EMS<br>3 - Police<br>4 - Other<br>9 - Unknown | <b>Safety Equipment Used</b><br><b>Motorist</b><br>01 - None Used - Vehicle Occupant<br>02 - Shoulder Belt Only Used<br>03 - Lap Belt Only Used<br>04 - Shoulder and Lap Belt Used<br><b>99 - Unknown Safety Equipment</b><br><b>Non-Motorist</b><br>05 - Child Restraint System-Forward Facing<br>06 - Child Restraint System- Rear Facing<br>07 - Booster Seat<br>08 - Helmet Used<br>09 - None Used<br>10 - Helmet Used<br>11 - Protective Pads Used (Elbows,Knees, Etc)<br>12 - Reflective Clothing<br>13 - Lighting<br>14 - Other |
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|--|---|
| <b>Seating Position</b><br>01 - Front - Left Side (Motorcycle Driver)<br>02 - Front - Middle<br>03 - Front - Right Side<br>04 - Second - Left Side (Motorcycle Passenger)<br>05 - Second - Middle<br>06 - Second - Right Side<br>07 - Third - Left Side (Motorcycle Side Car)<br>08 - Third - Middle<br>09 - Third - Right Side<br>10 - Sleeper Section of Cab (Truck)<br>11 - Passenger in Other Enclosed Cargo Area (Non-Trailing Unit Such as a Bus, Pick-up with Cap)<br>12 - Passenger in Unenclosed Cargo Area<br>13 - Trailing Unit<br>14 - Riding on Vehicle Exterior (Non-Trailing Unit)<br>15 - Non-Motorist<br>16 - Other<br>99 - Unknown | <b>Air Bag Usage</b><br>1 - Not Deployed<br>2 - Deployed Front<br>3 - Deployed Side<br>4 - Deployed Both Front/Side<br>5 - Not Applicable<br>9 - Deployment Unknown |
|--|---|

|  |   |  |   |  |
|--|---|--|---|--|
| <b>Ejection</b><br>1 - Not Ejected<br>2 - Totally Ejected<br>3 - Partially Ejected<br>4 - Not Applicable | <b>Trapped</b><br>1 - Not Trapped<br>2 - Extricated by Mechanical Means<br>3 - Extricated by Non-Mechanical Means | <b>Operator License Class</b><br>1 - Class A<br>2 - Class B<br>3 - Class C<br>4 - Regular Class (Ohio is "D")<br>5 - MC/Moped Only | <b>Condition</b><br>1 - Apparently Normal<br>2 - Physical Impairment<br>3 - Emotional (Depressed, Angry, Disturbed)<br>4 - Illness<br>5 - Fell Asleep, Fainted, Fatigued<br>6 - Under The Influence of Medications, Drugs, Alcohol<br>7 - Other | <b>Alcohol/Drug Suspected</b><br>1 - None<br>2 - Yes - Alcohol Suspected<br>3 - Yes - HBD Not Impaired<br>4 - Yes - Drugs Suspected<br>5 - Yes - Alcohol and Drugs Suspected |
|--|---|--|---|--|

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|--|---|---|--|--|
| <b>Alcohol Test Status</b><br>1 - None Given<br>2 - Test Refused<br>3 - Test Given, Contaminated Sample/Unusable<br>4 - Test Given, Results Known<br>5 - Test Given, Results Unknown | <b>Alcohol Test Type</b><br>1 - None<br>2 - Blood<br>3 - Urine<br>4 - Breath<br>5 - Other | <b>Drug Test Status</b><br>1 - None Given<br>2 - Test Refused<br>3 - Test Given, Contaminated Sample/Unusable<br>4 - Test Given, Results Known<br>5 - Test Given, Results Unknown | <b>Drug Test Type</b><br>1 - None<br>2 - Blood<br>3 - Urine<br>4 - Other | <b>Driver Distracted By</b><br>1 - No Distraction Reported<br>2 - Phone<br>3 - Texting/E-mailing<br>4 - Electronic Communication Device<br>5 - Other Electronic Device (Navigation Device, Radio, DVD)<br>6 - Other Inside the Vehicle<br>7 - External Distraction |
|--|---|---|--|--|

Occupant

|             |                           |               |     |                                  |
|-------------|---------------------------|---------------|-----|----------------------------------|
| Unit Number | Name: Last, First, Middle | Date of Birth | Age | Gender<br>F - Female<br>M - Male |
|-------------|---------------------------|---------------|-----|----------------------------------|

|                           |                                  |
|---------------------------|----------------------------------|
| Address, City, State, Zip | Contact Phone- include area code |
|---------------------------|----------------------------------|

|          |                  |            |                                   |                       |                                 |                  |               |          |         |
|----------|------------------|------------|-----------------------------------|-----------------------|---------------------------------|------------------|---------------|----------|---------|
| Injuries | Injured Taken By | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used | DOT Compliant Motorcycle Helmet | Seating Position | Air Bag Usage | Ejection | Trapped |
|----------|------------------|------------|-----------------------------------|-----------------------|---------------------------------|------------------|---------------|----------|---------|

Occupant

|             |                           |               |     |                                  |
|-------------|---------------------------|---------------|-----|----------------------------------|
| Unit Number | Name: Last, First, Middle | Date of Birth | Age | Gender<br>F - Female<br>M - Male |
|-------------|---------------------------|---------------|-----|----------------------------------|

|                           |                                  |
|---------------------------|----------------------------------|
| Address, City, State, Zip | Contact Phone- include area code |
|---------------------------|----------------------------------|

|          |                  |            |                                   |                       |                                 |                  |               |          |         |
|----------|------------------|------------|-----------------------------------|-----------------------|---------------------------------|------------------|---------------|----------|---------|
| Injuries | Injured Taken By | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used | DOT Compliant Motorcycle Helmet | Seating Position | Air Bag Usage | Ejection | Trapped |
|----------|------------------|------------|-----------------------------------|-----------------------|---------------------------------|------------------|---------------|----------|---------|

OHIO TRAFFIC CRASH — DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

|  |  |  |
|--|--|--|
| LOCAL REPORT NUMBER<br><i>PD-16-006316</i> | REPORTING AGENCY<br><i>CITY OF FAIRFIELD</i>         | DATE OF CRASH<br>M <i>01</i>   D <i>25</i>   Y <i>16</i> |
| IN COUNTY OF<br><i>BUTLER</i>              | CRASH LOCATION<br><i>Port Union Rd. @ Seward Rd.</i> |  |

